



PATIENT PRESENTING CLINICAL SIGNS

Brooklyn Parkinson

History: poor appetite, picky eater, intermittent vomiting, mild colitis meds: metronidazole.
Abnormal PE/Chem/CBC/UA Results: please see attached BW. CBS shows a platelet count of 95,000. Mild neutrophilia. ALP 3975. ALT 749. Normal tBili. Low BUN. GGT 33. Slightly elevated globulins. cPL normal.

SPECIES

Canine

BREED

Viszla

SEX

Spayed Female

AGE

11years

WEIGHT

32 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with mostly anechoic urine. The wall in the region of the apex is mildly thickened (up to 0.56 cm) with an irregular mucosal surface. The wall tapers to a normal thickness as it extends towards the urinary bladder neck. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.84 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.54 cm at caudal pole) (1.82 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (1.41 cm at cranial pole) (0.56 cm at caudal pole) (1.97 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Buck AH

Spleen

The spleen is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is subtly mottled in appearance. There are several, varying-sized, irregular hyperechoic nodules throughout the organ. Splenic vasculature appears normal with no evidence of thrombosis.

REFERRING VET

Dr. Sommers

Liver

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is mottled in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion

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PATIENT
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The gall bladder is mildly distended. The wall is thickened (up to 0.66 cm), irregular and hyperechoic. A few polypoid-like lesions are arising from the luminal surface. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Nonspecific, diffuse hepatopathy. Differentials include inflammatory disease (i.e., bacterial cholangiohepatitis, chronic active pancreatitis), Leptospirosis, hepatotoxicosis (i.e., copper) other, infiltrative neoplasia (i.e., round cell tumor), other hepatopathy.
- The gall bladder wall changes could be consistent with cholecystitis, benign age-related hyperplasia, artifactual due to lack of full repletion, or some combination thereof.

Secondary Findings

- The hyperechoic splenic nodules are likely benign (i.e., myelolipomas) with a low possibility of emerging neoplasia.
- The urinary bladder wall changes could be consistent with cystitis or may be artifactual due to lack of full repletion. Correlation with the patient's clinical history is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Leptospirosis testing (i.e., blood and urine PCR, serology)
- Consider pre-and postprandial serum bile acids to assess hepatic function.
- Ultimately, hepatic tissue sampling (i.e., fine-needle aspirate or surgical biopsy) would likely be necessary to get a definitive diagnosis. If biopsies are pursued, acquisition of additional

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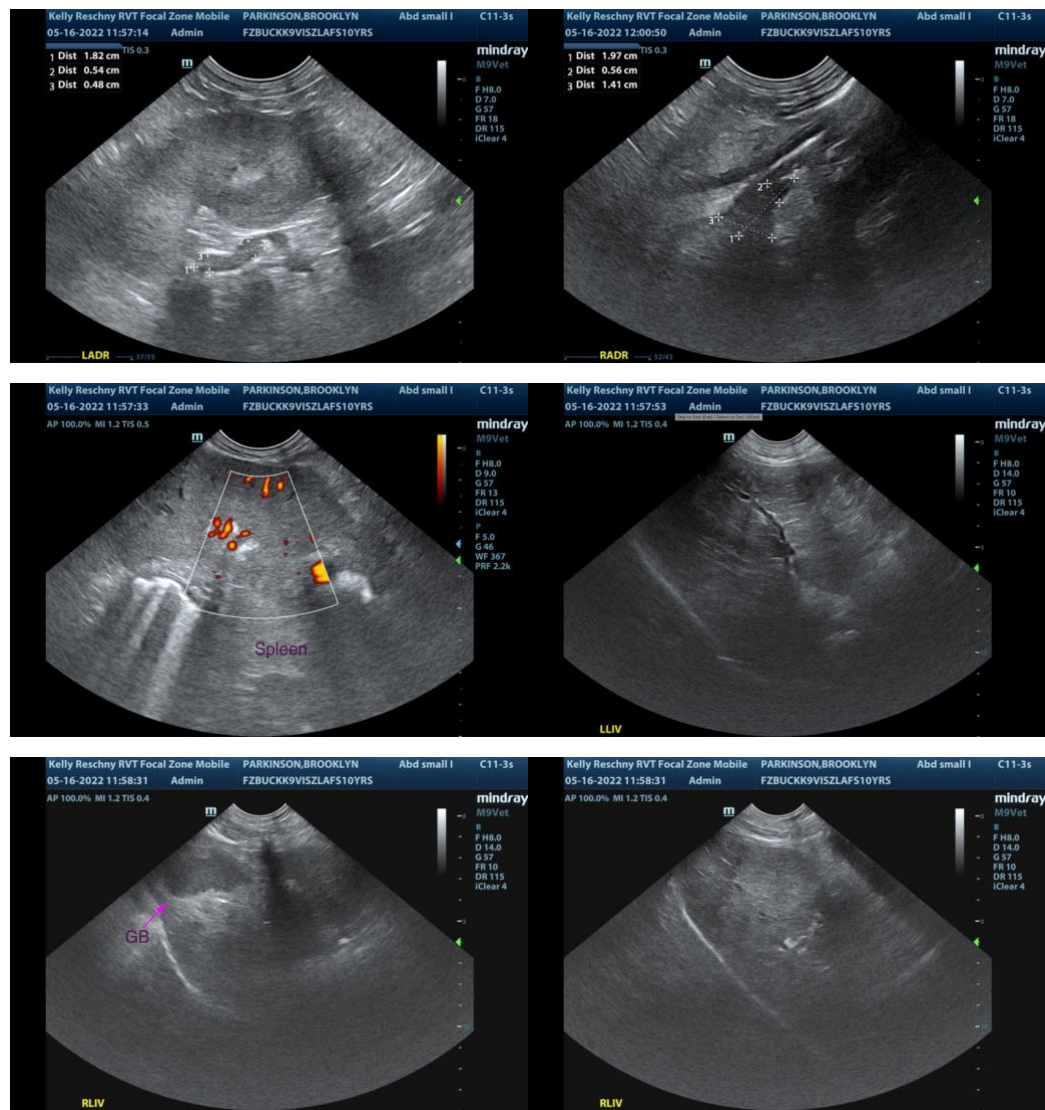
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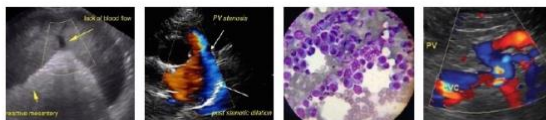
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hepatic tissue samples for potential copper quantitation along with aerobic and anaerobic bile cultures are recommended.

- If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis (amoxicillin-clavulanic acid, +/-metronidazole, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
- Given the patient's age, three-view thoracic radiographs are recommended to evaluate cardiopulmonary status.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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info@SonoPath.com

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